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PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/029,042		
Filing Date	May 15, 1998		
First Named Inventor	Sun-Young Kim		
Group Art Unit	1647		
Examiner Name	Deberry, Regina M.		
Total Number of Pages in This Submission	14	Attorney Docket Number	3364P001

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JUL 19

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px; width: 100%;">           CRF copy of Sequence Listing; return receipt postcard         </div>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Farzad E. Amini, Reg. No. 42,261  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	

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July 9, 2002

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JUL 16 2002

**FEET TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.TOTAL AMOUNT OF PAYMENT (\$)  
0.00

Complete if Known

Application Number	09/029,042
Filing Date	May 15, 1998
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 Check     Credit card     Money Order     Other     None  
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Deposit Account Number  
**02-2666**Deposit Account Name  
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**FEE CALCULATION****1. BASIC FILING FEE**

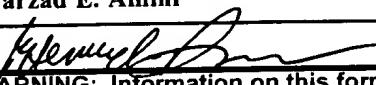
Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims		X 18.00	= \$0.00
Multiple Dependent		X 84.00	= \$0.00

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple Dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		0.00

\*\* or number previously paid, if greater. For Reissues, see below

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Telephone	Address
Farzad E. Amini		42,261	(310) 207-3800	

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